

# LOUISIANA

DEPARTMENT of REVENUE

## Application for Certification as a Paper or Wood Products Manufacturing Facility to Qualify for the Sales Tax Exclusion for Electric Power or Energy, or Natural Gas *Revised Statute 47:301(3)(j) and (13)(m)*

PLEASE PRINT OR TYPE.

**Part 1**

Legal Name		Trade Name	
Location Address			
City		State	ZIP
Mailing Address			
City		State	ZIP
Contact Person		Telephone Number	

**Part 2**

### Louisiana Department of Revenue Account Numbers

*(List the account numbers for which this business is registered)*

**Businesses not registered for sales tax must file a CR-1, Application for Louisiana Sales Tax Account Number (R-16019), with this application.**

Sales
Withholding
Corporate Income/Franchise

**Part 3****Louisiana Workforce Commission**

**Is this business required to register with the Louisiana Workforce Commission?**

☐ **Yes** ☐ **No** *(If you answered no to this question, go directly to Part 4.)*

Louisiana Workforce Commission Employer Account File Number: \_\_\_\_\_  
*(Contact the Louisiana Workforce Commission at (225) 342-3160 for assistance.)*

North American Industry Classification System (NAICS) Code issued by the LA Workforce Commission: \_\_\_\_\_  
*(Use the NAICS code issued to this location from the Multiple Worksite Report if this is a separate location.)*

*(If you answered yes to the question above, go directly to Part 5.)*

**Part 4**

**Businesses that are not required to register with the Louisiana Workforce Commission** must provide the Business Activity Code Number listed on the most recently filed federal income tax return and include a copy of the federal form that shows this number.

**Business Activity Code:** \_\_\_\_\_ **Form submitted:** \_\_\_\_\_

**New businesses that have not filed a federal income tax return** prior to filing this application must submit a signed affidavit stating the company's primary business activity according to the North American Industry Classification System.

**Part 5**

Description of Business: <i>(Attach additional sheet(s) if necessary.)</i>		
Finished Goods Produced:		
Signature of Owner/Officer	Title	Date (mm/dd/yyyy)

**FOR OFFICIAL USE**

<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Disapproved</b>	Signature of Department Representative	Date (mm/dd/yyyy)
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**Submit to:** Louisiana Department of Revenue, Revenue Processing Center, P.O. Box 4998, Baton Rouge, LA 70821-4998